

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>000312</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/11/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSEWOOD MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5200 S BURLINGTON DR</b> <b>MUNCIE, IN 47302</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaint IN00152890.</p> <p>Complaint IN00152890 - Unsubstantiated, due to lack of evidence.</p> <p>Survey Date: August 11, 2014</p> <p>Facility number: 000312 Provider number: 000312 AIM number: N/A</p> <p>Survey Team: Karen Lewis, RN TC Toni Maley, BSW Ginger McNamee, RN</p> <p>Census bed type: Residential: 36 Total: 36</p> <p>Census payor type: Other: 36 Total: 36</p> <p>Sample: 4</p> <p>Rosewood Manor was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00152890.</p> <p>Quality Review 08/12/14 by Lisa McColly</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE